



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

PHYSICIANS HEALTH PLAN OF MID MICHIGAN FAMILYCARE

NAIC Group Code 3408, 3408 NAIC Company Code 11537 Employer's ID Number 36-4497604
(Current Period) (Prior Period)

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:
Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated/Organized May 23, 2002 Commenced Business January 1, 2003

Statutory Home Office 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1400 East Michigan Avenue, Lansing, Michigan 48912 517-364-8400
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)
517-364-8400
(Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Jackie Eddy 517-364-8400
(Name) (Area Code) (Telephone Number) (Extension)
jackie.eddy@phpmm.org 517-364-8407
(E-Mail Address) (Fax Number)

OFFICERS
Marylee Davis, PhD (Chair Person)
Scott Wilkerson# (Secretary)
David Vis# (Treasurer)

OTHER OFFICERS

DIRECTORS OR TRUSTEES
Marylee Davis, PhD
Scott Wilkerson
Maxine Blair#

State of Michigan }
County of Ingham } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Marylee Davis, PhD Chair Person Scott Wilkerson# Secretary David Vis# Treasurer

Subscribed and sworn to before me this day of
a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0499999 - Premiums due and unpaid from Medicaid entities	142,211	42,014	41,385	6,910		232,520
0599999 - Accident and health premiums due and unpaid (Page 2, Line 13).....	142,211	42,014	41,385	6,910		232,520

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
DATA BANK PSYCHOTROPIC	85,000	695				85,695
MEDCO PHARMACY REBATES	18,119	20,413	28,854	184,104	123,931	127,559
0199999 - Pharmaceutical Rebate Receivables	103,119	21,108	28,854	184,104	123,931	213,254
Claim Overpayment Receivables						
CLAIMS OVERPAYMENTS RECEIVABLE VARIOUS	54,247	13,562	3,391	1,130	72,329	
0299999 - Claim Overpayment Receivables	54,247	13,562	3,391	1,130	72,329	
Other Receivables						
MATERNITY CASE RATE RECEIVABLE	285,619	18,381	24,292			328,292
0699999 - Other Receivables	285,619	18,381	24,292			328,292
0799999 - Gross Health Care Receivables	442,985	53,051	56,537	185,234	196,260	541,546

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered	571,861					571,861
0499999 - Subtotals	571,861					571,861
0599999 - Unreported claims and other claim reserves						4,002,173
0799999 - Total claims unpaid						4,574,034
0899999 - Accrued medical incentive pool and bonus amounts						189,449

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Exhibit 5, Amounts Due from Parent , Subsidiaries and Affiliates

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
PHYSICIANS HEALTH PLAN OF MID MICHIGAN	INTERCOMPANY PAYABLES	357,318	357,318	
PHYSICIANS HEALTH NETWORK	INTERCOMPANY PAYABLES	314,042	314,042	
0199999 - Subtotal - Individually listed payables		671,360	671,360	
0399999 - TOTAL gross payables		671,360	671,360	

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE PHYSICIANS HEALTH PLAN OF MID MICHIGAN FAMILYCARE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	204,328	0.448	18,607	100.000		204,328
3. All other providers						
4. Total capitation payments	204,328	0.448	18,607	100.000		204,328
Other Payments:						
5. Fee-for-service	1,878,860	4.121	X X X	X X X		1,878,860
6. Contractual fee payments	43,332,803	95.052	X X X	X X X	19,933,089	23,399,714
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	172,739	0.379	X X X	X X X	111,019	61,720
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	45,384,402	99.552	X X X	X X X	20,044,108	25,340,294
13. Total (Line 4 plus Line 12)	45,588,730	100%	X X X	X X X	20,044,108	25,544,622

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	UNITED BEHAVIORAL HEALTH	204,328		17,027	
9999999 - TOTAL	Transactions with intermediaries	204,328			

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Exhibit 8, Furniture and Equipment and Supplies Owned

NONE



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE PHYSICIANS HEALTH PLAN OF MID MICHIGAN FAMILYCARE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

PHYSICIANS HEALTH PLAN OF MID MICHIGAN FAMILYCARE

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2009

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,534								16,534	
2. First Quarter	17,042								17,042	
3. Second Quarter	17,788								17,788	
4. Third Quarter	18,223								18,223	
5. Current Year	18,607								18,607	
6. Current Year Member Months	213,327								213,327	
Total Member Ambulatory Encounters for Year:										
7. Physician	103,252								103,252	
8. Non-Physician	54,338								54,338	
9. Total	157,590								157,590	
10. Hospital Patient Days Incurred	8,772								8,772	
11. Number of Inpatient Admissions	2,888								2,888	
12. Health Premiums Written (b)	54,254,107								54,254,107	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	54,254,107								54,254,107	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	45,588,730								45,588,730	
18. Amount Incurred for Provision of Health Care Services	46,372,909								46,372,909	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE PHYSICIANS HEALTH PLAN OF MID MICHIGAN FAMILYCARE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

PHYSICIANS HEALTH PLAN OF MID MICHIGAN FAMILYCARE

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2009

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,534								16,534	
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(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

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Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses
NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 , Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account, Non-Affiliates												
39845	48-0921045	01/01/2009	WESTPORT INSURANCE CORPORATION	OVERLAND PARK, KS 66201	SSL/A/I	95,636						
0299999 - Authorized General Account, Non-Affiliates							95,636					
0399999 - Total Authorized General Account							95,636					
0799999 - Total Authorized and Unauthorized General Account							95,636					
1599999 - TOTALS							95,636					

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies

NONE

SCHEDULES S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid	96	235	196	139	173
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses		23			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 10)	13,082,917		13,082,917
2. Accident and health premiums due and unpaid (Line 13)	505,661		505,661
3. Amounts recoverable from reinsurers (Line 14.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	719,212		719,212
6. Total assets (Line 26)	14,307,790		14,307,790
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	4,574,034		4,574,034
8. Accrued medical incentive pool and bonus payments (Line 2)	189,449		189,449
9. Premiums received in advance (Line 8)	500,355		500,355
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	2,411,861		2,411,861
13. Total liabilities (Line 22)	7,675,699		7,675,699
14. Total capital and surplus (Line 31)	6,632,091	X X X	6,632,091
15. Total liabilities, capital and surplus (Line 32)	14,307,790		14,307,790
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.	38-2594856	Physicians Health Network					199,569,028				199,569,028	
95849	38-2356288	Physicians Health Plan of Mid-Michigan		1,445,675			(163,847,535)				(162,401,861)	
11537	36-4497604	PHP of Mid Michigan - FamilyCare					(41,505,412)				(41,505,412)	
	38-3344741	PHPMM - TPA					(5,981,601)				(5,981,601)	
12816	20-5565219	PHPMM Insurance Company					(642,799)				(642,799)	
	38-1360584	Sparrow Health System					9,882,591				9,882,591	
	38-3361367	Physicians Health Plans Shared Services		(1,445,675)			2,525,729				1,080,055	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....
.....
.....
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 210:	
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 220:	
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 221:	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		RESPONSE
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
EXPLANATION:		
BARCODE:		
Document Identifier 360:		
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:		
BARCODE:		
Document Identifier 205:		
12.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:		
BARCODE:		
Document Identifier 201:		
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
EXPLANATION:		
BARCODE:		
Document Identifier 420:		
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:		
BARCODE:		
Document Identifier 371:		
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:		
BARCODE:		
Document Identifier 370:		
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
EXPLANATION:		
BARCODE:		
Document Identifier 365:		

APRIL FILING		
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION:		
BARCODE:		
Document Identifier 330:		
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:		
BARCODE:		
Document Identifier 211:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

APRIL FILING	RESPONSE
19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION:	
Barcode:	1 1 5 3 7 2 0 0 9 2 1 3 0 0 0 0 0
Document Identifier 213:	



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31 , 2009
(To Be Filed by March 1)
FOR THE STATE OF MICHIGAN

NAIC Group Code 3408

NAIC Company Code 11537

Address (City , State and Zip Code) 1400 EAST MICHIGAN AVENUE

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006			Policies Issued in 2007, 2008, 2009				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no , give full and complete details .
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state .

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B) .

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE PHYSICIANS HEALTH PLAN OF MID MICHIGAN FAMILYCARE

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
8.12 Without Reinsurance Coverage				XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE

Health

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